British Medical Association
Library

County Borough of Ipswich.

REPORT
OF THE
Medical Officer of Health
FOR THE YEARS 1916-1920.

BY

A. M. N. PRINGLE, M.B., C.M. Edin., D.P.H. Camb.

Medical Officer of Health, County Borough of Ipswich,
School Medical Officer, County Borough of Ipswich,
Superintendent Isolation Hospital, County Borough of Ipswich,
Medical Officer of Health to the Ipswich Port Sanitary Authority,
Fellow of the Royal Society of Medicine,
Fellow of the Incorporated Society of Medical Officers of Health, etc., etc.

IPSWICH:
GRAYSTON'S PRINTING WORKS, CARDIGAN STREET

MRS. FLETCHER AND GENTLEMEN,

I have the honour to present to you my Annual Reports on the Health of the Borough for the years 1916-1920.

I desire to express my thanks to the Members of the Public Health Committee for the cordial support they have extended to me during this period.

I beg to record, once more, my grateful appreciation of the support given me by all the Members of the Staff of the Public Health Department.

I remain,
Your obedient servant,
A. M. N. PRINGLE, M.B., C.M., D.P.H.,
Medical Officer of Health.

POPULATION.

The Registrar General gave the following estimations of the population of Ipswich for each of the years 1914 to 1920. The two populations are preserved for the purpose of future reference.

Population estimations for :—

Year.	Death Rates.	Birth and Marriage Rates.
1914	76,472	76,472
1915	74,257	76,472
1916	72,245	78,604
1917	72,800	81,151
1918	72,681	81,436
1919	78,011	81,264
1920	81,119	81,628

The actual population enumerated at the census of 1921 was 79,383.

The estimates are obviously mere approximations. Thus for 1920 there is an error in excess of at least 2,000 on the population estimated for death rate purposes.

It is quite impossible to gauge even approximately the error in the other years. The population for Birth and Marriage rates would appear to have been consistently overstated.

MARRIAGE RATES, 1911-1920.

Year.	Number of Marriages.	Marriage Rates.
1911	559	15·0
1912	596	15·8
1913	586	15·4
1914	604	15·8
1915	856	23·0
1916	653	16.6
1917	606	15·2
1918	706	18·0
1919	898	22·8
1920	755	19·1
Total	671·9	17·9

The number of marriages registered in 1919 was the highest since 1841, whilst the marriage rate for 1915 was the highest recorded during the same period.

The average marriage rate of 17·9 was the highest for any decennium since 1860.

BIRTHS AND BIRTH RATES, 1911-1920.

	Number of Births.		Birth Rates.	
Year.	Legitimate.	Illegitimate.	Legitimate	Illegitimate.
1911	1669	103	22·5	1·3
1912	1650	100	21·8	1·3
1913	1706	107	22·4	1·4
1914	1697	103	22·1	1·3
1915	1532	85	20·6	1.1
1916	1533	113	19·5	1.5
1917	1232	83	15·6	1.0
1918	1261	118	16.0	1.5
1919	1327	96	16.8	1·2
1920	1895	108	24·0	1·3
Decennium	1552·2	101·6	20·1	1·3

The number of births registered in the year 1920 was the highest of any year since 1841.

On the other hand the number registered in 1917 was the lowest of any year since 1864.

The birth rate for 1917 was the lowest recorded in the known history of the Borough.

The average birth-rate of the decennium was 17% below the previous lowest decennial birth-rate.

The number of illegitimate births was exactly the same as that recorded for 1901-1910. The illegitimate birth rate was slightly below that of the previous decennium. and was apparently the lowest recorded for any previous decennial period.

The proportion of illegitimate births per 1,000 total births averaged 61 for the decennium, as compared with 54, 59, 57, 53, 65, 64 and 55 in 7 previous decennia.

The proportion between male and female births averaged 1041 per 1,000 females, as compared with 1040, 1037, 1015, 1552, 1048, 1042, and 1037 in the 7 previous decennia.

The total number of births registered in 1911-1920 was 2,260 below the number registered 1901-1910.

DEATHS AND DEATH RATES, 1911-1920.

Year.	Number of Deaths.	Death Rates.
1911	944	12·7
1912	1136	15·1
1913	1055	13·9
1914	1067	13·9
1915	1160	15·6
1916	1028	14·2
1917	1056	14·5
1918	1144	15·7
1919	1016	13·0
1920	949	12·0
Decennium	10,555	13·9

The death-rate for the decennium was the lowest recorded since 1841-1850, being nearly 40% below the average for that period, whilst it was 5% below that for 1901-1910.

The death rate for the year 1920 was the lowest rate recorded in any year since 1841.

The death-rate recorded in 1918 (the Influenza year) compares favourably with that of 17·6 for England and Wales as a whole.

The number of deaths registered during the decennium was practically identical with that of the previous ten years.

It is a remarkable tribute to the progress of medical and surgical skill, and the advance in sanitary science, that the lowest known death-rates should have been recorded during and over a period in which all previous experience would have suggested a very substantial increase.

The following is a summary of the principal causes of death during the decennium 1911-1920:—

	GROUP.	Death Rate.	No. of Deaths.	$^0/_0$ of Total Deaths.
1	Diseases of the Respiratory System ...	2·10 ...	1597 ...	15·1
2	Tuberculosis (all forms)	1·53 ...	1165 ...	11·0
3	Senility	1·32 ...	1003 ...	9·5
4	Heart Diseases	1·30 ...	988 ...	9·3
5	Cancer	1·26 ...	959 ...	9·0
6	Seven Principal Zymotic Diseases ...	·91 ...	691 ...	6·5
7	Prematurity, Marasmus, etc. ...	·79 ...	600 ...	5·7
8	Diseases of the Nervous System ...	·75 ...	575 ...	5·4
9	Cerebral Hæmorrhage	·64 ...	486 ...	4·6
10	Violence	·57 ...	432 ...	4·1
11	Influenza	·43 ...	331 ...	3·1
12	Diseases of the Digestive System ..	·42 ...	321 ...	3·0
13	Diseases of the Urinary System ...	·39 ...	301 ...	2·8
14	All other causes	1·45 ...	1106 ...	10·5
	Total 1911-1920 ...	13·86	10555	

This summary corresponds on the whole quite closely to the average experience of the causes of death in the Borough. As always, Diseases of the Lungs (excluding Tuberculosis), head the list of causes of death, followed closely by Tuberculosis. The high position occupied by senile decay (70 years of age and over), is a tribute to the healthiness of the district.

The position occupied by cancer is of grave import.

The 7 Principal Zymotic Diseases continue to exact a diminishing toll, whilst there is a very considerable drop in the deaths referred to Prematurity, Marasmus, etc.

Violence is seen to account for over 4 °/₀ of the deaths. This is about the local average.

With this brief general statement, it will be as well to give a little more detailed consideration to Tuberculosis, Cancer, the 7 Principal Zymotics and Influenza.

(1) TUBERCULOSIS. The death-rate ascribed to Tuberculosis during 1911-1920 was the lowest recorded since 1841-1850. The decline in the mortality from Tuberculosis which has been so evident in the vital statistics of this Borough during the last 80 years continued unchecked during the War period. The lowest recorded death rate since 1841 occurred in 1919. There were fluctuations in the death-rate during 1911-1920, neither greater nor less than fluctuations in previous decennial periods during the previous 70 years.

The war produced no demonstrable effect on the mortality ascribed to Tuberculosis in Ipswich during the period under review.

Whether the effects of the war will show themselves in future mortality returns, the future will show. Let us not forget that Tuberculosis is a chronic disease, whose seeds are sown long before the harvest of death is reaped.

Let it be sufficient to repeat that the outcry as to increased mortality from Tuberculosis had not materialised in Ipswich up to the end of 1921.

(2) CANCER. In the decennium 1841-1850 the death-rate attributed to cancer was 0·22 per 1,000 living, and less than 1 °/₀ of the deaths from all causes at all ages were ascribed to Cancer. On the other hand in the decennium 1911-1920, the cancer death-rate had risen to at least 1·26 per 1,000 living, and 9 °/₀ of the deaths from all causes at all ages were due to Cancer.

In terms of proportional ratios these figures represent an increase in the cancer death-rate, in round figures, of 1,130 °/₀ for Males ; 300 °/₀ for females, and 450 °/₀ for persons.

In the decennium 1841-1850, 64 deaths were ascribed to cancer as compared with 959 in the decennium 1911-1920.

At the present time 1 death in 11 at all ages from all causes is due to cancer; at ages over 40, 1 in 7; and from 65-70 years, 1 in 5.

The figures given for the decennium 1911-1920 probably represent something near the true position of the cancer death-rate at the present time. They form therefore a basis for the examination of the credibility of the figures for previous decennia. Now, if the comparative figures given above are true, then we are face to face with a state of affairs of the utmost gravity, since such a rate of increase for any disease of the nature of cancer must be fraught with the most disastrous consequences to those living at the cancer ages, from 35 years upwards.

The truth or otherwise of the question of the increase of cancer involves considerations and analyses of the highest complexity, quite beyond the scope of a report of this kind. I must, therefore, content myself with the expression of the quite considered opinion that the increase in Cancer is apparent, but not real. There is ample evidence in past records of a far higher cancer mortality than that ascribed, and there is equally ample evidence that accuracy of diagnosis is largely, if not entirely, responsible for the increase.

But let us not harbour delusions. If we get rid of the bogey of increase we do not get rid of the facts that 1 death in 11 at all ages is due to cancer, 1 in 7 over 40 years of age, increasing to 1 in 5 at 65-70.

These are existing facts.

Enquiry into the prevention and cure of cancer is a matter of personal concern to all persons at the higher ages on account of the high proportion of cancer in actual existence at the present time at these ages.

(3) THE SEVEN PRINCIPAL ZYMOTICS. These diseases include Small-pox, Scarlet Fever, Diphtheria, Enteric Fever, Measles, Whooping Cough, and Zymotic Diarrhœa.

The number of deaths and the approximate death-rate for the decennium 1911-1920 for these diseases were the lowest recorded since 1841-1850. There were no deaths from Small Pox, very few from Enteric Fever, marked diminution from Whooping Cough, Measles and Diarrhœa, some diminution from Diphtheria, and a slight increase in those from Scarlet Fever, owing to the Scarlet Fever epidemic of 1914 and 1915.

Of all the decreases the most striking was the small Diarrhœa death-rate as compared with previous experience. Apart from the year 1911 Diarrhœa exhibited a consistently low death-rate.

The evidence afforded by the experience of the decennium 1911-1920 is a high tribute to the sanitary condition of the Borough and the administration of its Public Health Committee.

(4) Influenza. The epidemics of Influenza of the summer and November, 1918, and February, 1919, considered as a whole, were the most disastrous visitations to which the town has been subjected since 1841. From first to last, at least 400 deaths must be ascribed to Influenza or its complication during the three waves that constituted the pandemic. The summer visitation was extensive but not fatal, only 10 deaths being ascribed as due to or associated with Influenza.

The November wave was without exception the most terrific explosion of fatal disease yet recorded in this town. In a period of 7 or 8 weeks, at least 275 deaths were ascribed to Influenza or its complications.

This amazing concentration of fatalities is unique, and in this respect Influenza differs from all other Zymotics. Thus the great Scarlet Fever epidemic killed 200 persons in Ipswich in 1863, but the deaths were spread over the whole year.

The third wave occurred in February, 1919, and was responsible for about 115 deaths.

The experience of Ipswich in these epidemics exhibited no characters at variance with that of other parts of this country. In all parts the characteristic feature was the concentration of the fatalities.

No preventive measure appeared to be of the slightest use.

INFANT MORTALITY.

In this report only brief reference will be made to this subject.

The following table will indicate the behaviour of the Infant Mortality rates since 1841, the period 1841 to 1900 being given as decennial averages, and the years since that date as annual numbers and rates.

INFANT MORTALITY RATES.

Periods	No. of Deaths	Average Annual Death Rates	Proportional Ratios
1841-1850	165	176	100
1851-1860	205	172	97
1861-1870	212	160	91
1871-1880	240	153	87
1881-1890	234	137	77
1891-1900	276	153	88
1901	320	168	95
1902	223	118	67
1903	271	138	79
1904	270	140	79
1905	284	145	82
1906	272	142	80
1907	193	104	59*
1908	199	109	62
1909	162	90	51
1910	173	96	54
1911	181	102	58
1912	196	112	63
1913	174	96	55
1914	188	104	59
1915	151	93	52
1916	134	80	45
1917	119	90	51
1918	114	82	47
1919	100	70	40
1920	145	72	41

* *Infant Schemes begun.*

A study of this table shows that there was a distinct tendency to fall in the Infant Mortality rate long prior to the institution of definite steps towards its control. Thus we see that whilst from 1841-1860 the rate remained fairly steady at something over 170 per 1,000 births, yet there was a fall of about 13 °/₀ in the decennium 1871-1880 (1841-1850 being taken as 100), and of 23 °/₀ in the decennium 1881-1890.

In the decennium 1891-1900 there was a relapse, the rate being only 12 °/₀ better than in 1841-1850.

We may say, therefore, that at the end of the 1900 decennium there had been a fall of about 16 °/₀ on the average, below the experience of the decennium 1841-1850.

I believe that the Infant Mortality rate for the decennium 1841-1850, high though it was, is not put too high. I believe it to be substantially correct and, in spite of many sources of error, it can be accepted as a fair basis of comparison so far as Ipswich is concerned.

From 1901-1906 inclusive the Infant Mortality rate was some 20 °/₀ below the 1841-1850 decennium. We thus arrive at the statistical position that when special measures were put in force the Infant Mortality rate was already some 20 °/₀ below the maximum recorded rate of 1841-1850. It by no means follows that the rate of that decennium was the maximum. It, itself, may easily have been, and I believe was, a stage in declension from a maximum of which we, at the present day, have simply no conception.

Therefore, in discussing the steps taken to deal with Infant Mortality, we have to reckon with the fact that when direct work began in 1907 there was already a definitely established position of improvement.

Since 1907 the mortality has continued to decline at a much more rapid rate, subject, of course, to the usual fluctuations inherent in the statistics of small communities.

The figures for 1919 and 1920 are very striking. I question if the greatest optimist ten years ago would have suggested that such figures were obtainable. We now know that finality has not yet been reached, and it may be stated confidently that it never will be.

There is still high mortality from prematurity and debility during the first six weeks of life, and there are still plenty of preventible deaths during all periods of infancy.

Nevertheless, it is necessary to be practical and to recognise that all progress must of necessity be slow, and that there are many conditions of modern life prejudicial to infant survival whose removal is a question of time.

Much educational work is still required to throw the light of day into the dark places. This is not to be accomplished by ephemeral displays of enthusiasm, but by daily, unseen, persistent work.

In the last fourteen years great progress has been made and the prospects for the future are good, but it is necessary to make more progress with ante-natal work.

Special provision requires to be made to establish a definite ante-natal clinic in connection with the Welfare Centre, and I commend this matter to the Local Authority as one well worthy of their favourable consideration.

MATERNITY HOME, LOWER BROOK STREET.

In July, 1918, the Public Health Committee were able to arrange terms with the Committee of the Ipswich Nurses' Home, 7, Lower Brook Street, Ipswich, for the use of an unused building on the premises as a Maternity Home, containing eight beds.

The arrangements made between the two Committees included agreements securing :—

(1) That the Nursing Home Committee should be responsible for the management of the Home.

(2) That the Public Health Committee should be responsible for the costs of maintenance.

(3) That the patients should pay as they could afford, the receipts to be credited to the Public Health Committee.

The arrangements have worked smoothly and efficiently up to date, and the net cost to the Authority has been quite small.

Nine cases were admitted in 1918, 65 in 1919, and 97 in 1920.

So far as it has gone the class of case using the Home has been in the main those who had no homes of their own. Very few cases have been admitted who have had satisfactory home conditions.

Thus the housing shor age is to a large extent responsible for the numbers using the Maternity Home. It is significant, but perhaps characteristic, that the poorest classes, who would get the greatest benefits, have also the greatest objections to leaving their own homes at these times.

The Public Health Committee have given much consideration to the question of the provision of suitable home helps for women under these conditions, but the difficulties in the way of a satisfactory solution of this very complex matter are very great, and so far have not been overcome.

NOTIFICATIONS OF INFECTIOUS DISEASES, 1916-1920.

In 1916 there were notified 1591 cases of Infectious Diseases as compared with 749 in 1915 and 1183 in 1914.

The notifications included 170 of Scarlet Fever, 71 of Diphtheria, 37 of Erysipelas, 26 of Ophthalmia Neonatorum, 5 of Puerperal Fever, 12 of Enteric Fever, 1 of Poliomyelitis, 17 of Cerebro-Spinal Fever, 143 of Chicken Pox, 957 of Measles, 138 of Rubella and 14 all others.

Measles and Rubella thus accounted for a very large proportion of the total notifications. Along with Chicken Pox, these diseases became notifiable for the first time in 1916.

The figures included 90 military cases, of which 4 were Scarlet Fever, 1 Diphtheria, 1 Erysipelas, 4 Cerebro-Spinal Fever, 79 Measles or Rubella, and 1 other.

In 1917, 1438 cases were notified: 1268 civilian and 170 military.

The notifications included 54 of Scarlet Fever, 107 of Diphtheria, 25 of Erysipelas, 18 of Ophthalmia Neonatorum, 2 of Puerperal Fever, 2 of Enteric Fever, 3 of Poliomyelitis, 22 of Cerebro-Spinal Fever, 415 of Chicken Pox, 458 of Measles, 328 of Rubella, and 4 others.

Thus, apart from minor ailments like Chicken Pox, Rubella and Measles, this year was marked by a very low incidence of the usual Zymotic Diseases.

There was an increase in the number of cases of Cerebro-Spinal Fever.

The military notifications included 6 of Scarlet Fever, 6 of Diphtheria, 2 of Erysipelas, 12 of Cerebro-Spinal Fever, 1 of Chicken Pox, 142 of Measles and German Measles, and 1 other.

In 1918 the notifications numbered 3514, 3321 civilian and 193 military.

The notifications included 129 of Scarlet Fever, 150 of Diphtheria, 22 of Erysipelas, 16 of Ophthalmia Neonatorum, 2 of Puerperal Fever, 3 of Enteric Fever, 4 of Poliomyelitis, 16 of Cerebro-Spinal Fever, 550 of Chicken Pox, 2357 of Measles, and 244 of Rubella.

In addition there were 21 positive Diphtheria contacts.

Thus Diphtheria was more prevalent than in the previous years, whilst there was a definite epidemic of Measles and Chicken Pox.

The military cases included 77 of Scarlet Fever, 4 of Diphtheria, 2 of Erysipelas, 1 of Enteric Fever, 9 of Cerebro-Spinal Fever, 2 of Chicken Pox, 96 of Measles and Rubella, and 2 others.

In 1919 the total notifications were 1161, 1159 civil and 2 military.

The cases notified included 80 of Scarlet Fever (1 military), 328 of Diphtheria (1 military), 10 of Erysipelas, 18 of Ophthalmia Neonatorum, 13 of Puerperal Fever, 1 of Poliomyelitis, 1 of Cerebro-Spinal Fever, 456 of Chicken Pox, 48 of Measles, 32 of Rubella, 1 of Encephalitis Lethargica, 26 of Primary Pneumonia, 49 of Influenzal Pneumonia, 86 of Malaria, 10 of Dysentery, and 2 of Trench Fever.

Pneumonia, Malaria and Dysentery, and Trench Fever became notifiable for the first time in this year.

The chief features were the extensive Diphtheria epidemic, the large number of cases of Chicken Pox, and the practical disappearance of Measles.

I call attention to the 86 Malarias. None of these were indigenous, but they provide the reservoir from which indigenous cases may arise, as the necessary mosquito is found in Ipswich.

In 1920, 1125 cases were notified, included 492 of Diphtheria, 182 of Scarlet Fever, 22 of Erysipelas, 18 of Ophthalmia Neonatorum, 2 of Poliomyelitis, 16 of Puerperal Fever, 1 of Cerebro-Spinal Fever, 3 of Enteric Fever, 289 of Chicken Pox, 6 of Encephalitis Lethargica, 56 of Primary Pneumonia, 13 of Influenzal Pneumonia, 21 of Malaria, and 4 of Dysentery.

The features here were the continued high degree of prevalence of Diphtheria, the autumn outbreak of Scarlet Fever, and the high incidence of Puerperal Fever.

The amount of Diphtheria was the highest recorded since the beginning of notification.

If the War Period 1914 to 1919 be regarded as a whole, the following are the features of outstanding interest:—

(1) Scarlet Fever, after the great epidemic of 1914 to 1915, was below average prevalence though there was an unexpected number of military cases. The 1914-1915 epidemic had nothing to do with war conditions.

(2) The Diphtheria epidemic of 1919 and 1920 was the culmination of a progressive increase in Diphtheria incidence beginning in 1918. The influence of war conditions, other than overcrowding and the probability of the introduction of a new strain of infection, was not conspicuous.

(3) Puerperal Fever was unusually prevalent in 1919 and 1920.

(4) Enteric Fever practically disappeared, a tribute to the innoculation of troops and the high sanitary condition of the environment of the civil population.

(5) Cerebro-Spinal Fever appeared as a recognised disease in 1915, and was prevalent until 1918. In all, 79 genuine cases were discovered during the period in Ipswich, of whom 47 were civilian and 32 military.

(6) Measles and Rubella showed an unexpected incidence amongst the military, there being 317 cases notified out of a total of 503 military notifications of all forms of Infectious Disease.

(7) Smallpox was absent, thus differing from the experience of both the Crimean War and the Franco-Prussian War of 1870.

NOTIFICATION OF TUBERCULOSIS.

The following Table shows the number of cases of Tuberculosis notified in Ipswich since 1911 :—

	Pulmonary Tuberculosis.			All Others.			Total, all forms.		
Year.	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.
1911	75	57	132	—	—	—	75	57	132
1912	180	154	334	—	—	—	180	154	334
1913	116	84	200	56	55	111	172	139	311
1914	98	58	156	19	22	41	117	80	197
1915	62	55	117	20	18	38	82	73	155
1916	90	79	169	19	17	36	109	96	205
1917	75	79	154	20	11	31	95	90	185
1918	80	98	178	17	17	34	97	115	212
1919	81	79	160	29	41	70	110	120	230
1920	71	65	136	39	37	76	110	102	212

General Notification of Pulmonary Tuberculosis began in Ipswich under a local Act in the end of 1911.

It was to be expected that the notifications at first would be much more numerous than when the practice had been in existence for a number of years. Hence the high number of notifications in 1912 and 1913. Thereafter the numbers notified year by year have not exhibited any unusual features, with the exception of the small number recorded for the year 1915.

With regard to forms of Tuberculosis other than Pulmonary, the number was, of course, large in the first year, 1913. Thereafter it remained fairly constant at a rather low figure which could not possibly represent the truth, until 1919, when the notifications again rose. This was synchronous with the Local Authority undertaking to pay for the treatment of cases of Surgical Tuberculosis in the Local General Hospital. Thereafter notifications of Surgical Tuberculosis came in much greater numbers from the out-patient department of that Institution.

So far as the experience of Ipswich goes there is little or no evidence, from the numbers of cases notified, that Tuberculosis has increased during the War. I have already suggested that we have not yet experienced the full effects of War conditions on the prevalence of Tuberculosis.

VENEREAL DISEASES.

A scheme for the treatment of Venereal Diseases in Ipswich was adopted by the Corporation of Ipswich, in conjunction with the East Suffolk County Council, for a portion of its area, and submitted to the Local Government Board for approval.

The essentials of the scheme, so far as Ipswich is concerned, are as follows :—

(1) The provision of a treatment centre at the Ipswich and East Suffolk Hospital.

The duty of the Board of Management of the Hospital, in general terms, is to provide for the treatment of the cases presenting themselves, from whatever part of the country they may come. The Hospital provides the necessary staff, the necessary accommodation, drugs, apparatus, etc. The duty of the Local Authority is merely to make the necessary arrangements with the Board of Management of the Hospital.

In addition to the out-patient clinic two beds, subsequently increased to four and then to eight, are provided by the Hospital Authorities for in-patients.

These are under the Medical Officer of the Clinic.

(2) Arrangements for Bacteriological work were made with the Lister Institute.

(3) The supply of special Drugs to be used as required by the Regulations is undertaken by the Local Authority.

The results of the scheme will be watched with interest.

There is no evidence worthy of the name as to the degree of prevalence of venereal diseases amongst the population of the country. The statement has been made and apparently accepted that at least 10 °/₀ of the population are infected with Syphilis alone. The proportion may be quite correct, but it is not founded on satisfactory evidence, and it really amounts to nothing more than an expression of opinion.

No doubt after a few years of work some definite facts will be available.

I impress upon the Local Authority the necessity for patience and the importance of avoiding too great expectations.

The full value of the steps now being taken will not be evident for some considerable time, as the Clinic will have to be in existence for quite a period before its services will be fully utilized.

One quarter of the total cost of the scheme is borne by the Local Authority.

The remaining three quarters is defrayed by the Treasury.

The Centre was opened in the beginning of December, 1917. The cases treated in 1917 are included with the 1918 figures.

The following Tables indicate the degree to which the treatment centre has been utilised.

VENEREAL DISEASES (Ipswich Only).

Statement showing the services rendered at the Treatment Centre from November, 1917, *to December*, 1920 (*inclusive*).

	1917-1918.		1919.		1920.	
	No. dealt with.	Per cent. of total Patients, including E. & W. Suffolk and Essex.	No. dealt with.	Per cent. of total Patients, including E. & W. Suffolk and Essex.	No.	Per cent.
Syphilis	101	84	86	70	98	60
Soft Chancre.	1	33	30	66	22	73
Gonorrhœa	57	74	119	77	94	63
Conditions other than V.D.	40	78	52	68	75	74
Total	199	74	287	72	289	66
Total number of attendances at Out-Patients' Clinic ...	1434	80	3631	82	5210	80
Total No. of In-Patient Days	366	74	700	66	768	65
No. of doses of Salvarsan substitutes given in—						
O.P. Clinic ...	267	83	804	80	1149	73
I.P. Dept ...	156	83	18	64	42	72

PATHOLOGICAL EXAMINATIONS.

	1917-1918.		1919.		1920.	
	Examined at Centre.	Examined at an approved Laboratory.	Examined at Centre.	Examined at an approved Laboratory.	Examined at Centre.	Examined at an approved Laboratory.
For the detection of—						
Spirochetes ..	4	—	12	—	78	—
Gonococci ...	42	—	92	—	118	—
Other Organisms	—	—	—	—	—	70*
For Wasserman reaction	—	156	—	323	—	349
Total	46	156	104	323	296	419

* Cultures for Gon. at East Suffolk Hospital Laboratory by Dr. Cade.

VENEREAL DISEASES.

Dr. Ward.

The first Clinic for treatment of Venereal Diseases was held at the East Suffolk and Ipswich Hospital on December 5th, 1917, and it is now possible to review the work done during the past 3 years.

For the purpose of statistical analysis the month of December, 1917, is included in the year 1918.

Details of the two principal Venereal Diseases, *i. e.*, Gonorrhœa and Syphilis, alone are given; soft sore is included in "other cases."

During the year 1918 two clinics were held weekly; but in January, 1919, it was thought desirable to establish a third clinic for the treatment of children and their mothers.

In January, 1919, also were commenced daily subsidiary clinics, at which daily and preventive treatment is carried out.

At the same time beds for in-patients were increased from four to eight.

TABLE I.

Year.	Col. 1. New Cases.	Col. 2. Gonorrhœa.		Col 3. Syphilis.		Col. 4. Other Cases.		Col. 5. Total No. of New Cases.		Col. 6. Total Attendances.		Col. 7. Tl. Attendances.
		M.	F.	M.	F.	M.	F.	M.	F.	M.	F	
1918	251	48	29	59	61	27	27	134	117	999	776	1775
1919	400	131	29	80	50	82	28	293	107	3125	1242	4367
1920	438	131	17	109	42	107	32	347	91	5205	1298	6503

Table I. "New cases" (column 1) shows that a considerable number of persons have availed themselves of the facilities offered for treatment and advice, and are continuing to do so, as evidenced by column 7; the large increase of numbers being accounted for to some extent by attendances at the daily subsidiary clinics, *i.e.*, 1224 in the year 1919 and 2050 in the year 1920. These two figures refer almost entirely to males suffering from Gonorrhœa.

The number of persons who were under treatment or observation for the years 1918, 1919 and 1920 were 251, 513 and 624 respectively, and of these 74, 72 and 204 ceased to attend before completing a course of treatment, or before final tests as to cure were made.

The tests for the cure of Gonorrhœa are stringent, and of such a nature as to exclude, if possible, any error, while those for Syphilis extend in the large majority of cases over a period of at least three years.

Experience gained at the Clinic shows that the better-educated person will make every endeavour to get a complete cure, but that the "slum" population is hardly touched, and remains a source of danger to the community.

There is a large preponderance of males over females, and, whilst the attendances of women who are found to be suffering from Syphilis are good, the absence of those women, who are suffering from Gonorrhœa in particular, is a disquieting feature of the Venereal Diseases question in this area.

TABLE II.

YEAR.	NUMBER OF NEW CASES FROM AREAS.				AGGREGATE NUMBER OF IN-PATIENT DAYS.
	Ipswich.	East Suffolk.	West Suffolk.	Essex.	
1918	199	46	—	6	494
1919	287	86	6	21	1058
1920	289	108	9	32	1179

Table II. shows the spread of disease into rural areas, consequent upon the demobilisation of the army.

The increase of aggregate number of "In-Patient Days" is marked, particularly as in 1918 most of the In-Patient cases were for injection of Salvarsan substitute. These injections are now performed at the Out-Patient Clinics. It is found that acute cases of Gonorrhœa especially are much more quickly cured by an initial stay in the Hospital, and thus a saving to the community is in every way effected.

TABLE III.

EXAMINATIONS OF PATHOLOGICAL MATERIAL.

YEAR.	By Medical Officer for—		At an Approved Laboratory.		Number of Doses of Salvarsan Substitute.
	Spirochetes.	Gonococci.	Cultures for Gonococci.	Wassermann Reactions.	
1918	5	59	—	180	507
1919	14	120	—	392	1033
1920	100	188	108	475	1615

The recognition of the Spirochaeta Pallida in the diagnosis of Syphilis is of the highest importance, as by this means Syphilis can be treated at its earliest stages, even within a few days of infection. Treatment instituted at this stage robs the disease of many of its horrors. It emphasises the necessity of infected persons at once seeking advice.

In January, 1920, arrangements were made with Dr. Cade, at the East Suffolk County Laboratory, for the examination of Gonococci by cultural method. For the test of cure of Gonorrhœa this is invaluable.

The Wassermann reaction is used not only as a means of diagnosis of Syphilis, but also as a control of treatment.

The number of doses of Salvarsan substitute given is to some extent an indication of the efficiency of the Clinic and the necessity for the continuance of the same.

TABLE IV.

Thursday Clinic.

WOMEN.

Year.	New Cases.	Gonorrhœa.	Syphilis.	Other.	Total Attendances.
1919	5	—	4	1	43
1920	7	—	6	1	132

CHILDREN.

Year.	New Cases.	Gonorrhœa.	Syphilis.	Other.	Total Attendances.
1919	48	6	16	26	238
1920	53	2	20	31	355

The Clinic for children was instituted in January, 1919, primarily for the treatment of infants suffering from congenital Syphilis.

It has been found possible by this means to get into touch with infected mothers and other children in the same family also infected.

Ante-natal treatment of pregnant women is given, and arrangements are made to take suitable cases as In-Patients for confinement and the immediate treatment of new-born children.

Results of treatment here and in other towns are most encouraging, and it is confidently expected that means are at hand of ridding of untold miseries the innocent offspring of often innocent women.

F. FOWLER WARD, M.B., BC. CANTAB.

Medical Officer in charge of Venereal Diseases Department.

BOROUGH ISOLATION HOSPITAL.

The Table below gives particulars as to the number and varieties of the forms of Infectious Disease admitted into and treated in the Ipswich Isolation Hospital from 1911-1920 inclusive. The very great increase in the number of cases admitted, and in the varieties treated from 1914 onwards, is worthy of note.

It will be obvious that an Institution which in 1906 contained some 50 beds could not have dealt with the large number of cases that have been accommodated of recent years.

It is equally obvious that the simultaneous treatment of a large number of different infections is impossible in a few small wards, not particularly well adapted to their purpose.

In 1914, most fortunately, alike for the civil and military populations, the Authority were in possession of a 24 bedded cubicle block.

This was further supplemented by two pavilions built by the War Office and completed in 1915, giving an additional 40 beds at least.

The old Small-pox Hospital was adapted for the treatment of advanced Pulmonary Tuberculosis, the alterations being completed in 1915. This has given 30 beds for the purpose, quite separate from the remainder of the Institution.

In all, the Hospital now contains 160 beds, and this number can be extended without increasing the building and without undue encroachment on floor area.

Thus the existing Hospital gives about one bed per 500 of the population.

Considering the use made of the Hospital, this number is not excessive for normal times, and would be quite insufficient in epidemic times were it not for the cubicle block. This building has more than fulfilled all expectations. It is not too much to say, in the light of my own experience, that the cubicle principle, judiciously handled, provides a solution for all the troublesome problems with which Fever Hospitals are constantly called upon to deal.

I should not consider any modern Fever Hospital as properly equipped without a building of this sort of sufficient size.

The two War Office pavilions have proved quite excellent for the purpose. They are sufficiently large to be economical of management. They should be regarded as permanent elements in the Hospital.

Without them the recent epidemic of Diphtheria could not have been effectively isolated, and no attempt could have been made to deal with carriers and positive contacts.

I point out the necessity for accommodation for selected cases of Influenza Measles, Pertussis, etc. These are diseases in which a sudden increase in the number of beds may be called for with little warning.

There should be, therefore, always one pavilion empty, to be used as a standby for sudden emergencies.

I have to thank the staff of the Hospital for their work during the War period. It was often very heavy indeed, but it was done cheerfully, and, I believe, efficiently.

There was not a great deal of sickness amongst the staff, and fortunately there were no cases of Cerebro-Spinal Fever amongst them.

Table showing the number of cases (Military and Civil) admitted into and treated in the Isolation Hospital from 1911 to 1920 inclusive.

	Scarlet Fever.	Diphtheria.	Enteric Fever.	Pulmonary Tuberculosis.	Cerebro-Spinal Fever.	Measles,	Mumps.	Varicella.	Erysipelas.	Rubella.	Septicaemia.	Anterior Poliomyelitis.	Pertussis.	Influenza.	Malaria.	Puerperal F.	Encephalitis Lethargica.	All Others.	Total Admitted.	Total Treated.
1911	101	114	9	33	—	—	—	—	—	—	—	—	—	—	—	—	—	4	261	267
1912	104	139	6	67	—	—	—	—	—	—	—	—	—	—	—	—	—	—	316	348
1913	233	118	10	40	—	—	—	—	—	—	—	—	—	—	—	—	—	4	405	444
1914	590	76	8	43	—	—	—	—	—	—	—	—	—	—	—	—	—	—	717	776
1915	494	86	15	7	23	4	1	1	1	—	—	—	—	—	—	—	—	1	633	775
1916	173	72	12	90	18	34	19	4	1	128	5	—	—	—	—	—	—	57	613	670
1917	50	113	2	82	43	16	7	5	5	234	—	2	2	—	—	—	—	59	620	698
1918	146	154	1	93	27	75	66	8	6	42	—	—	—	30	—	—	—	55	703	750
1919	73	291	—	68	1	2	4	5	2	3	—	—	3	42	35	7	2	122	660	717
1920	162	435	1	80	1	30	1	—	4	2	—	—	—	14	6	4	2	62	804	893
Decimal Totals.	2126	1598	64	603	113	161	98	23	19	409	5	2	5	86	41	11	4	364	5732	6338

The number of Military and Naval cases of Infectious Disease, suspected Infectious Disease and contacts of cases of infection, treated in the Ipswich Isolation Hospital from the beginning of the War until the end of 1919 was 1,034, including 845 cases amongst the Military and 189 amongst the Naval population in Ipswich and its neighbourhood. Practically all the Naval cases were from Shotley Barracks. These were chiefly Mumps, Rubella and Measles.

The Military cases came from Ipswich and the adjacent parts of East Suffolk.

In all, the Hospital dealt with 414 cases of Rubella, 173 of Scarlet Fever, 109 of Mumps, 82 of Measles, 65 of Diphtheria, 63 of Cerebro-Spinal Fever, and a number of other minor infectious cases, as well as a large number of query cases of various kinds and a few positive and simple contacts of Diphtheria, Cerebro-Spinal Fever, etc.

Without entering into details, it is of interest that there was no Small-pox, only 5 cases of Enteric Fever and 2 of Paratyphoid amongst all the multitude of soldiers quartered in Ipswich and its neighbourhood during the War.

On the other hand, the amount of Scarlet Fever, Measles and Rubella was unexpected, but easily understood, owing to the intimate relationship between the troops and the civil population.

I desire to draw the attention of your Authority to certain facts, viz.:—

(1) That this large number of non-Civilian cases was dealt with in your Hospital without a corresponding increase of staff, but of course with some increase.

(2) No interference took place with the normal isolation of the civil population.

(3) The advanced consumptives were not interfered with.

(4) Your Isolation Hospital, which just before the War contained about 66 beds, has since increased to 160.

(5) The Cubicle Block, opened in 1915, is the building which has solved the problem of dealing with a large number of different infections simultaneously. Without it, we should have been landed very quickly in a hopeless muddle.

(6) In the absence of my Assistant, I could not have carried out the excessive burden of work involved, without the assistance of my professional colleagues, amongst whom I wish particularly to thank Drs. Eades, Cameron Young and Anderson.

The Medical work of the Institution, particularly the treatment of Cerebro-Spinal Fever, must have come to an end without the help so freely given by the gentlemen named.

The Naval and Military cases were distributed as follows:—

Year.	Naval.	Military.	Both.
1914	—	7	7
1915	—	52	52
1916	16	227	243
1917	47	336	385
1918	104	208	312
1919	22	15	37
Totals	189	845	1034